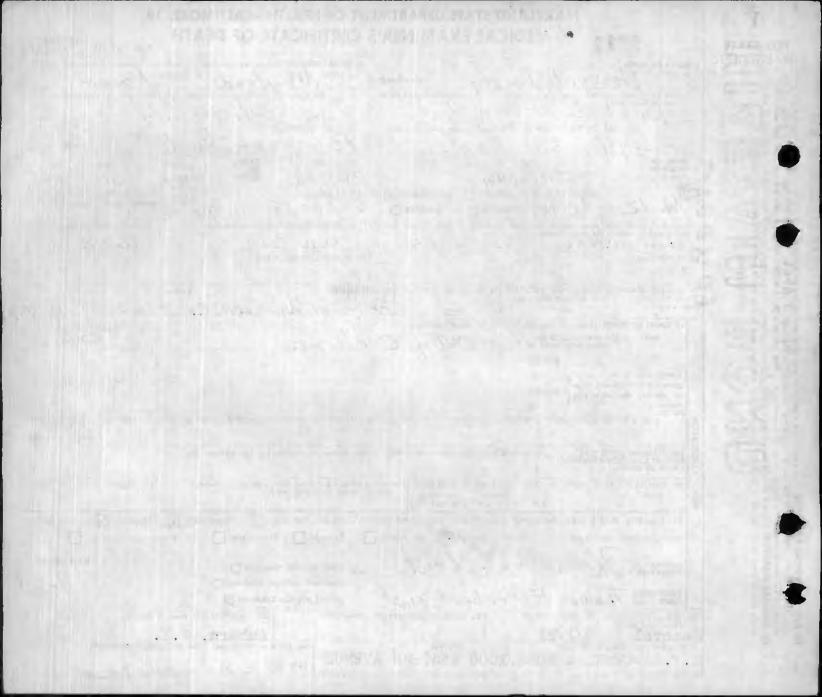
	1	
FOR HEALT	STA H D	TE EPT.
within 24 hours after this. If any defended is directar, please 18. Give Pages 1, and 3 to the full directar. Page 9 with farm PM3. Page 5 may be retained for your files. If the pages, I and 2 with the State Board of Health,	in any event within 72 haurs ofter death.	N X
EDICAL EX. (NER: This certificate should lime executed within 24 hours after the 14 3 to the fortificate, and the ward "pending" in pencil in them, 18. Give Pages 1, 14 3 to the fortunanced of the Chief Medical Examiner's Office along with farm PM3, Page 5 may be retain 18ECTOR: Page 3 should be essed as a burial-transit permit. File agges, 1 and 2 with the Sta	ated agent, priar ta burial, crematian, ar removal, and in any ever	

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9211 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1192111

1.	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
1	COUNTY Howard County MARYLAND O. STATE MARYLAND O. STATE MARYLAND
E	CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
	Ryral Ellicott City /6m. Rural Ellicott City X
-	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS.
	Folly Quarters ROAD TOlly Querton Kood YES NO D
	NAME OF A First Middle Dost 4. DATE Month Doy Year
	Type or prints Anthony Buszta DEATH Aug. 31 1961
5. 5	A A A A A A A A A A A A A A A A A A A
	Male White WIDOWED   DIVORCED   6-13-15 46 yes. Months Days Hours Min.
100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slate or foreign country)  12. CITIZEN OF WHAT COUNTRY?
,	Lay prother SEMINARY NEW YOIR 4.5.4.
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	2
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address
1.4	- FR. RUFUS WICELENSKI ELLICOTT City Mi
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]
	PART I, DEATH WAS CAUSED BY: Oronary Occ/4510n 5min,
	420 DUE TO
	Conditions, if any, which   (b)
	gave rise to immediate cause
	(e), stoting the underlying course lost.
3	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	YES NO
TIFE	206. EXTERNAL CAUSE WAS PRIMARY OF OF ON TRIBUTING (201) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of Item 18.)
a	CAUSE OF DEATH.
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
MEDICAL	Hour e.m. While Not while of work of work
-	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my
	opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
	ACTUAL MOULES A SERVERT, M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
	ASSISTANT MEDICAL EXAMINER [] 8-31-67
	NAME (Type) Thomas F. Herbert M.D. DEPUTY MEDICAL EXAMINER D
220	BURIAL CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, fown, or county) (Stote)
	REMOVAL (Specify)
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE
M	F. SADOWSKI & SONS, 1808 EASTERN AVENUE
	This der 3 of the state of the



# TO HOSPIT VS A15 (4) 15M 9/5B

		9212	LAND	CERTIFIC	MENT OF I			IMORE, 1	Reg. Dist.	No. (192)	02
	PLACE OF DEATH	News		MARYLANS	o. STATE			lived. If instituti	**	befare admission)	
		OWard  (If outside carporate lim nearest tawn)	ts, write	c. LENGTH OF STAY IN 18		TOWN (IF		ote limits, write R	HOWAR		
	Rural*	Florence		Years			- Flo	rence			
	RFD # 2	Woodbin Woodbin		oddress)	d. STREET	FD #	2, W	oodbine		e. IS RESIDE ON A FA YES N	RM2
	NAME OF DECEASED (Type or print)	Ver	non	Middle	Duvall	st	4. DATE OF DEATH	Augu		Day Year	61
5. 5	SEX	6. COLOR OR RACE	7	RIED NEVER MARRIED		Н	9	AGE (In years	IF UNDER 1 Y	EAR IF UNDER 2	4 HRS
1	Male	White	WIDOWI	ED DIVORCED	March	27	1890	last birthday) 77 yrs.	Manths Da	ys Hours	Min.
_	. USUAL OCCUPAT		dane 10b.	KIND OF BUSINESS OR IN				untry)	12. CITIZEN	OF WHAT COU	NTRY
	Carpe				ਸਾ	oren	ce. Mo	A .	U	SA	
3.	FATHER'S NAME				14. MOTHER'S	MAIDEN I	CO, MO				
	Oath	Duvall			Kn	nma H	obbs				
	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT			Add	ress		
	No		21	8-09-7254 1	Forest B	. Du	vall.	Ellico	tt Ci	tv Ma	
	18. CAUSE OF DE	ATH [Enter anly one co	use per li	ne for (o), (b), and (c).]						INTERVAL BETWONSET AND DE	EEN
PART I. DEATH WAS CAUSED BY:  JAMMEDIATE CAUSE (6) Acute Coronary Occlusion with  Hew see											
	42	O DUE TO		Myocai	dial in	farc	tion		TIL.	conds	
	Canditions, if		Δ.	rterioscle		- In		3			
	gove rise to immediate cause (a), stating the under-										
	lying cause last. (c)										
S	Part II. O'	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	a) 19. WAS AUT	OPSY ED?
CATION				1 remiraits		_				YES N	0 🔲
CERTIFI	200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature o	of injury in	Port I ar Part	It of item 1B.)			
MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	10	20d. II While of war	Nat while	PLACE OF INJURY of foctory, street, office			ar iawn)	(Cav	nty)	(State
	21. I certify !	hat I attended the	deceas	ed fram	19.63	_, ta	110 99	9, 19.67	that I last	saw the dece	ease
	alive an_A1			61, and that dea							
	7.	11-0		1			ADDRESS (Str	eet, city ar lawn,		DATE S	IGNE
	ACTUAL SIGNATURE	The	-	en -	M.D.	ain	Street	3		8/8	39/
	PHYSICIAN'S NAME (Type)	G.F. MEADO	RS.	M.D.		Dama	scus.	Marvla	nd		
20	- BURIAL CREMATI	ON, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY	-	22d. LOCATI	ON (City, lawn,	or caunly)	(State)	
	REMOVAL (Specific Burial	" 8/31/6	51	Jennings	Chapel		Fl	orence	Md.		
3.	FUNERAL DIRECTO		11-	ADDRESS	TIMEGI	1	D BY REGISTR	AR 24b, REGI	STRAR'S SIGN.	ATURE	
	(trind:	Wolson	in	Damascu	s, Md.	DATEAU	G 3 1 '61	an	Chan & Ho	IAUS.	

545.0 -5 this The state of the s re cent, 15 man FIRST CO. 1. (1997) A 1997 CO. (1997) CO. (1 CONTRACTOR OF THE PROPERTY OF All and the second second to the second seco 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before admission) e. COUNTY a. STATE **b.** COUNTY A LOTE TO MARYLAND Mary Land Howard

c. CIT OR TOWN (If outside corporate limits, write RURAL and give neerast town) b. CITY OR TOWN (if outside corporete limits, C LENGTH OF STAY IN 16 þ write RURAL and give neerest town) N. Laurel ely filled in b rs. Pages 1 a hours after d North Laurel d. NAMDOSHIPSPIENT OF WEITHIRD (if of in hospital, give street address) d. STREET ADDRESS Valencia Motel Laurel General Hospital erely 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH HENRY HILLEPRAND August 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR carbon last birthday) pue Months Mala June 1897 WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work physician 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if refired) Motel Motel Clerk Blue Moulnd. Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM please attending unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address Then (Yes, no. or unkown) | (If yes give were rdetes of service) Mrs. Edna P. Hillebrand Laurel, Maryland ending physician. been signed by the permit. 18. CAUSE OF DEATH lenter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, Arteriosclerotic Cardivascular Disease IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if eny, which (61) gave rise to immediate couse DUE TO (e), sletting the underlying has ASIC. hospital or an certificate has or use as the b PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)| 19, WAS AUTOPSY Ulcer, duodenum, with repeated hemorrhage; ca; culi, renal 203. ACCIDENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) for the ihis 4 may be refained by the L DIRECTOR. After this 3 3 should be detached for the State Dept. of Health 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 200, PLACE OF INJURY (Home, farm, 2Df. (City or town) fectory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from ... I January ... 19.61 to ... 2. .. Angust ... (3) ..., that (I) (we) last saw the deceased alive on July 22, 1961, and that death occured at 10 R, from the causes and on the date stated above. ATTENDING 22e. SIGNATURE DIRECTOR PHYS. death. Page 4 i 22d. ADDRESS 22c. PHYSICIAN NAME U Richard Compton, M. D. Minn Street, Laurel, Md. 23d. LOCATION (City, town or county) 23e. BURIAL CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial Michigan, North Dakota August 26, 1961 Michigan Cemetery 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE AUG 25

e. IS RESIDENCE ON A FARM?

YES NOT

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stote)

22b. DATE

unknown

12. CITIZEN OF WHAT COUNTRY?

Days

U. S. A.

(County)

VR A15 (4) 15M 9/60

5.55 15' 12 3 H Standil lear Ictal Lean 1 farmi Larm on Laster per 19310 Intral demark Especial 12 to The state of the second of the second of the second againshi ka game (VI pm) all no Coopheidel Char, disdays, city same tad lemmer and only on the I have to the transfer COLUMN CO - COLUMN COLU HENRY ELLIS

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15214

CERTIFICATE OF DEATH

11-				
1.	PLACE OF DEATH a. COUNTY Howard MARYLAND	2. USUAL RESIDENCE (When	h COLINTY	Residence before admission)  DWard
	b. CITY OR TOWN (if outside corporele limits, write RURAL and give nearest town)  Savage Md 2 years		orporete limits, write RURAL and	d give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streef eddress)	d. STREET ADDRESS	· -	. IS RESIDENCE
	Guilford Road	Guilford		YES NO NO
3.	NAME OF First Middle DECEASED (Type or print) George Loy	Ickes Jean		15, 19 61
	male white WIDOWED TO DIVORCED	Feb 22, 1882	/9 yrs.	Deys Hours Min.
-	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)  Retired achinist  US Government	Pennsylvan		USA
13	Unknown	14. MOTHER'S MAIDEN NAME UNK	nown	
		organa Plotts Ri	verdale, Md.	
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gave rise to immediate ceusa (e), stating line underlying cause test.	Thout some of	mouth	INTERVAL BETWEEN ONSET AND DEATH  WE  Company  C
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO			1(e) 19. WAS AUTOPSY PERFORMED? YES NO
GRI	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	), (Enter neture of injury in Pert I or Pe	ert II of item 18.)	**
MEDICAL		ACE OF INJURY (Homa, farm, 20f. (tory, street, office bldg., etc.)	(City or lown) (Cou	niy) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	1		that (I) ( <del>we)</del> last the date stated above
	22a. SIGNATURE MANNEY	ATTENDING MED.  PHYS. DIRECTOR	STAFF PHYS.   STAFF	12 / SIGNED
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	rel 4	ma
23	a. Burial, Cremation, 23b. date thereof Aug 17, 1961 Ft Lincoln (		ocation City, town or count	
24	FUNERAL DIRECTOR'S SIGNATURE SONS Hyattsville, M	DATE AUG 1 8	GISTRAR 25b. REGISTRAR'S Carlling &	

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Dept profilence BOUND THE PERSON NAMED IN COLUMN Letter duning wasting THE BOLL OF THE Sales came to Sadimentant to Signification desirates desirable . DC NORTH CO CITY (N. LANGUAGO) Sortal ang ty (661 et s. (6501m tarefers) States - Collect - Collect Anish & man and a company of the N. cangle a Sons systems (Lie Way

arthur S. Kraus

VS A15 (4) 15M 9/5B

.C. Higinbothom, Ellicott City, Md

The second secon The shorting of the girls of the state of th 100 the same CALL CALL TO THE PARTY OF THE P the state of the s the set of the later to be set with Charles Suldant I The Chile was a stay A CHARLES SEPARATION AND A the fact of the fa the state of the s

## FOR STATE

HEALTH DEPT.

O DEPUTY MEDICAL AND MINER: This certificate should be executed within 24 hours death. If any y is necessary, please execute the certificate, writing the word "pending" in pencil in Ilem 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriel, cremation, or removal, and in any event within 72 hour after death. TO DEPUTY MEDICAL

OF VS. ATSME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

TICHESTER ROAD  INTERVAL BE COLOR OF RACE 7. MARRIED NEVER N	16
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lowe)  Ellicott City  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Lichester Road  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Tichester Road  3. NAME OF DECRAGED  (Type or print)  Ellen THOMAS  5. SEX  FORMAL COLOR OR RACE (7, MARRIED   NEVER MARRIED   8. DATE OF BIRTH  BOATE   None	dmission)
Wile RURAL and give necest lowe)  Ellicott City  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  The ester Road  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  The ester Road  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  The ester Road  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  The ester Road  3. NAME OF BEATH  THOMAS  5. SEX  6. COLOR OR RACE! 7. MARRIED   NEVER MARRIED   NEVE	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stoet eddress)  The ster Road  In the ste	n)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  I Chester Road  3. NAME OF DECRASED I COPERATED I COLOR OR RACE	X
Tichester Road  3. NAME of First  3. NAME of Color of RACE   NARRIED   NEVER MARRIED   S. DATE OF BIRTH  5. SEX  6. COLOR OR RACE   NARRIED   NEVER MARRIED   S. DATE OF BIRTH  100. USUAL OCCURATION (Give kind of work done during most of working life, even if refleed)  101. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stafe or foreign country)  102. CITIZEN OF WHAT IN MOTHER'S MARIDEN NAME  103. FATHER'S NAME  104. MOTHER'S MARIDEN NAME  105. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iffres play were of detactory) (e), the line of the part of	SIDENCE
3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years   IF UNDER YEAR   IF UNDER YE	NO T
SEX   COLOR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   S. AGE (in years   IF UNDER   VEAR   IF UNDER   IF UNDER   VEAR   IF UNDER   IF UN	
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years if Funder YEAR IF UNDER YEAR IF UN	-
Temple   Colored   WIDOWED   DIVORCED   May 26, 1886   395   712.   Manifes   Deys   Hours   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BRITHPLACE (Stele or foreign country)   12. CITIZEN OF WHAT INDUSTRY   13. STATEMEN'S NAME   NONE   Richmond   V2   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ABMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).]   PART I, DEATH WAS CAUSED BY.   IMMEDIATE CAUSE (e)   GOTONARY OCCURED   OCCUPATION   OCCUPATIO	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Samuel Anderson  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Alberts Wilson, Tichester Rd. Ellicott City  PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e). Goronary Occlusion  DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PRIMARY OF CONTRIBUTING DECEMBER ON While Not While at work and in my or death resulted from: Natural causes Accident Suicide Homicide Undetermined manner	Min.
At Home  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give were or deleas of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Alberta Wilson, Tichester Rd. Ellicott City  18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (cl.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS A PRIMARY or CONTRIBUTING (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS A PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OR DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS A PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year While Not While of work of the work of	
At Home  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Samuel Anderson  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Unknown  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (e).]  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e).  COPONARY OCCINSION  DUE TO  Conditions, if eny, which geve rise to immediate cause  (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS A PRIMARY   or CONTRIBUTING    20e. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING    20e. TIME OF INJURY Month, Dey, Year Pour Pour Pour Pour Pour I or Injury In Part I or Part II of Item 18.)  20e. TIME OF INJURY Month, Dey, Year Pour Pour Pour Pour Pour Pour Pour Pou	OUNTRY?
14. MOTHER'S MANE   Samuel Anderson   14. Mother's Maiden Name   15. WAS DECEASED EVER IN U.S. ARMED FORCES? IG. SOCIAL SECURITY NO. 17. INFORMANT   17. INFORMANT   18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (d.)]   18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (d.)]   19. PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (e)   COPONARY OCCINSION   INSTAND   INSTANDA   INSTAND   INSTAND   INSTANDA   INSTANDA   INSTANDA   INSTANDA   INST	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE (o)   (Iffer only one cause per line for (e), (b), end (cl.)   (cl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE (o)   (Iffer only one cause per line for (e), (b), end (cl.)   (cl	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]   19. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]   19. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).]   19. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).]   19. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).]   19. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).]   19. CAUSE OF DEATH (e) DUE TO   19. CAUSE OF DEATH (e) DUE TO   19. CAUSE OF DEATH (e) DUE TO (e), stelling the underlying line underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underlying local to the terminal disease Condition Given in Part 1(e) 19. WAS A PERFORM (e), stelling the underl	-
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest.  [c]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PERFOYED.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PERFOY YES.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PERFOY YES.  PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PERFOY YES.  PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PERFOY YES.  PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PERFOY YES.  PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PERFOY YES.  PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PERFOY YES.  PRIMARY OF CONTRIBUTION CONTRIBUT	
PART II. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   COPONARY OCCURSION	
DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS A PERFECT OF DEATH.  20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Dey, Year While Not While St work St	
Conditions, if eny, which geve rise to immediate couse (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS A PERFORMANCY OF CONTRIBUTING COUNTY OF COURTED CAUSE OF DEATH.  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED CAUSE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour s.m. 19 work stowers work featory, street, office bldg., atc.)  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inquir	-
geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS PERFORM YES   20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED (Enter nature of injury in Part I or Part II of Item 18.)  20c. TIME OF INJURY Month, Day, Year While Not While at work factory, street, office bldg., etc.)  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inqui	
(e), steting the underlying   DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)  PRIMARY or CONTRIBUTING Enter 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town)  While Not While st work streat, office bldg., atc.)  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inq	4
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFORM  YES   20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Day, Year While Not While St work	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED While Not While at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Industry	UTOPSY RMED? NO
Hour a.m.  p.m.  19   While Not While at work   factory, street, office bldg., atc.)    21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   In	
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my clearly resulted from: Natural causes X, Accident , Suicide . Homicide , Undetermined manner	(State)
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my death resulted from: Natural causes X, Accident , Suicide . Homicide . Undetermined manner	
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	pinion
ACTUAL Charles S. Wintaker, 17:DMD. ASSISTANT MEDICAL EXAMINER [] DATE SIG	NED
DEPUTY MEDICAL EXAMINER X	
NAME (Type) Charles S. Whitaker Address (Street, city, town, or county) 8-22-6	
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Sie REMOVAL (Specify) 8-26-6/ CALLEY DAYLOW DAYLOW 248. REC'D BY REGISTRAR 1/24b. REGISTRAR'S SIGNATURE	
d. R. Camern S. 61/K-St. N.W. DATE 1896 2 9 761 02	

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ı	1, P	LACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (When	deceased fived. If instituti b. COUNTY	an: Residence before admission)
	Ь	. CITY OR TOWN (If autside corporate limits, w		c. CATY OR TOWN (If outs	iglé corpodate limits, write R	URAL and give nearest town)
ı	1	BURAL and give magness town of	dille	XRual. H.	experiello,	
	0	NAME OF HOSPITAL of nat in hospital, give a OR INSTITUTION	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. P	NAME OF First	Middle	Lost 4	. DATE Mon	A -
	(	Type or print) FANNIE	THOMPSON	MEST	DEATH Clug	1 1, 1961
	5. 5	M. 11. P. 0	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthdey)  9. AGE (In years	Months Days Hours Min.
	10a.	USUAL OCCUPATION (Give hind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13 (	FATHERS NAME O	Sygnice	14. MOTHER'S MAIDEN NA	ME.	U. O. /T'
١		John Thon	eas		cown	
		WAY DECEASED EVER IN U. S. ARMED FORCES' IN or unknown  (If yes, give wer or doles of service		LO Thomp	son- As	keaulle mo,
		18. CAUSE OF DEATH [Enter only one cause	per line far (a), (b), and (c).	/2	+1//	* INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY:	Cerebral Cler	the I english	hop buyl	The
		DUE TO	1 1	1 - 4	- 0/	1960
		Conditions, if any, which agove rise to immediate	ardiae fac	un Kinter	concercas	•
		cause (a), slating the under-	converlyed.	Centeressinto	ceft. D	1 Aug 61
	NO	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CATION					YES NO
1	CERTIFI	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt I or Port II of item 18.)	
	MEDICAL	· · ·	L	ACE OF INJURY (Hame, form, actory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	MED		While Nat while of wark at wark	cially, silver, office orage, etc.)		
	П	21. I certify that (I) (this haspital) a	ttended the deceased from.	19 60 19	no / Hung	, 196/_, that (I) (we) last
		saw the deceased alive an /	9 19 6 , and that	death accurred a3.3.4	from the causes ar	nd an the date stated above.
		220. SIGNATURY	Hall ?	M.D. ATTENDING MED DIRE	CTOR PHYS.	2 Augh
		22c. PHYSICIAN'S HOWARD	E. HAWD	SYNES	VILLE M	D.
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CHEMATORY 2	3d. LOCATION (City, Joyn,	or county)  Operand By Store)
	24	FUNERAL S-4-6/	(1) felle	LOCK (	BYREGISTRAR 25b, REG	ISTRAR'S SIGNATURE
	11	July 1 Staight	Okykesville,	mal DATE AUG	1/	Inthus S. Flears

TO HOSPITZ VR A15 (4) 1SM 9/59

OR ATTEND

